Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10-20-201</u> 0	Address:	613 E 4th	
Case #:	<u>34F36729</u>			
County:	dubios		Huntingburg	
•			<u>IN</u>	
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)		
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Check all the	/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents: <u>basement</u>				
Water Reactive Metal (Lithium): <u>basement</u>				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
	om and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephcdrinc/Pseudoephedrinc Tracking Log Retail/Merchant Tip Other:		
<u>This report i</u>	is to be faxed to the following agen	cies that serve the loc		
Fire Department: Huntingburg Fax: 812 683 4143				
Health Department: dubois			Fax: 812 481 7050	
	ion Service: na	Fax:		
uwesusamis		ie <u>812 482</u> <u>1441</u>		
This form is to be faxed to the Fire Department, Health Department and/or Child Posterill.				

nent and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.